

# NetResults A-Series Formulary Updates



October 2021

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit [myprime.com](http://myprime.com) for the most current and complete list.

- Tier 1 = preferred generic
- Tier 2 = non-preferred generic
- Tier 3 = preferred brand
- Tier 4 = non-preferred brand

## Positive Changes

This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
APTIOM (eslicarbazepine acetate tab 200 mg)	Brand	10/1/21	Move from Tier 4 to Tier 3
APTIOM (eslicarbazepine acetate tab 400 mg)	Brand	10/1/21	Move from Tier 4 to Tier 3
APTIOM (eslicarbazepine acetate tab 600 mg)	Brand	10/1/21	Move from Tier 4 to Tier 3
APTIOM (eslicarbazepine acetate tab 800 mg)	Brand	10/1/21	Move from Tier 4 to Tier 3
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Generic	6/6/21	Addition to Tier 3, authorized generic for BROVANA
brinzolamide ophth susp 1%	Generic	3/14/21	Addition to Tier 2, generic for AZOPT
BRIVIACT (brivaracetam oral soln 10 mg/ml)	Brand	10/1/21	Move from non-covered to Tier 4
BRIVIACT (brivaracetam tab 10 mg)	Brand	10/1/21	Move from non-covered to Tier 4
BRIVIACT (brivaracetam tab 25 mg)	Brand	10/1/21	Move from non-covered to Tier 4
BRIVIACT (brivaracetam tab 50 mg)	Brand	10/1/21	Move from non-covered to Tier 4
BRIVIACT (brivaracetam tab 75 mg)	Brand	10/1/21	Move from non-covered to Tier 4
BRIVIACT (brivaracetam tab 100 mg)	Brand	10/1/21	Move from non-covered to Tier 4
calcitonin (salmon) inj 200 unit/ml	Generic	5/24/21	Addition to Tier 2, generic for MIACALCIN
calcium acetate (phosphate binder) tab 667 mg	Generic	10/1/21	Move from non-covered to Tier 2
carbinoxamine maleate tab 4 mg	Generic	4/18/21	Move from Tier 4 to Tier 2
colchicine tab 0.6 mg	Generic	7/1/21	Move from non-covered to Tier 2
COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	Brand	7/1/21	Move from Tier 4 to Tier 3
COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml)	Brand	6/6/21	Addition to Tier 3
CYCLOPHOSPHAMIDE (cyclophosphamide tab 25 mg)	Brand	3/21/21	Addition to Tier 3
CYCLOPHOSPHAMIDE (cyclophosphamide tab 50 mg)	Brand	3/21/21	Addition to Tier 3
diazepam oral soln 1 mg/ml	Generic	4/4/21	Move from Tier 3 to Tier 2
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Generic	4/1/21	Move from non-covered to Tier 2, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Generic	4/1/21	Move from non-covered to Tier 2, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Generic	4/1/21	Move from non-covered to Tier 2, generic for TRUVADA
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Generic	4/1/21	Move from non-covered to Tier 2, generic for TRUVADA
etravirine tab 100 mg	Generic	6/20/21	Addition to Tier 2, generic for INTELENCE
etravirine tab 200 mg	Generic	6/20/21	Addition to Tier 2, generic for INTELENCE
flucinonide cream 0.1%	Generic	10/1/21	Move from non-covered to Tier 2
FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml)	Brand	10/1/21	Move from non-covered to Tier 3
FOTIVDA (tivozanib hcl cap 890 mcg (base equivalent))	Brand	10/1/21	Addition to Tier 4
FOTIVDA (tivozanib hcl cap 1340 mcg (base equivalent))	Brand	10/1/21	Addition to Tier 4

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
HETLIOZ LQ (tasimelteon oral susp 4 mg/ml)	Brand	10/1/21	Addition to Tier 4
INGREZZA (valbenazine tosylate cap 60 mg (base equiv))	Brand	5/9/21	Addition to Tier 4
isotretinoin cap 10 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 10 mg	Generic	5/9/21	Move from non-covered to Tier 2
isotretinoin cap 20 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 20 mg	Generic	5/9/21	Move from non-covered to Tier 2
isotretinoin cap 25 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 30 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 30 mg	Generic	5/9/21	Move from non-covered to Tier 2
isotretinoin cap 35 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 40 mg	Generic	5/2/21	Addition to Tier 2, generic for ABSORICA
isotretinoin cap 40 mg	Generic	5/9/21	Move from non-covered to Tier 2
ketoconazole tab 200 mg	Generic	10/1/21	Move from non-covered to Tier 2
KLISYRI (tirbanibulin ointment 1%)	Brand	9/1/21	Addition to Tier 4
lopinavir-ritonavir tab 100-25 mg	Generic	6/13/21	Addition to Tier 2, generic for KALETRA
lopinavir-ritonavir tab 200-50 mg	Generic	6/13/21	Addition to Tier 2, generic for KALETRA
LUPKYNIS (voclosporin cap 7.9 mg)	Brand	9/1/21	Addition to Tier 4
MOVANTIK (naloxegol oxalate tab 12.5 mg (base equivalent))	Brand	7/1/21	Move from non-covered to Tier 3
MOVANTIK (naloxegol oxalate tab 25 mg (base equivalent))	Brand	7/1/21	Move from non-covered to Tier 3
NOVOLOG FLEXPEN RELION (insulin aspart soln pen-injector 100 unit/ml)	Brand	6/13/21	Addition to Tier 3
NOVOLOG MIX 70/30 PREFILL ED FLEXPEN RELION (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Brand	6/13/21	Addition to Tier 3
NOVOLOG MIX 70/30 RELION (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Brand	6/13/21	Addition to Tier 3
NOVOLOG RELION (insulin aspart inj 100 unit/ml)	Brand	6/13/21	Addition to Tier 3
NULIBRY (fosdenopterin hydrobromide for iv soln 9.5 mg)	Brand	10/1/21	Move from non-covered to Tier 4
paromomycin sulfate cap 250 mg	Generic	5/30/21	Move from Tier 3 to Tier 2, generic for HUMATIN
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Brand	7/1/21	Move from Tier 4 to Tier 3
rufinamide tab 200 mg	Generic	6/6/21	Addition to Tier 2, generic for BANZEL
rufinamide tab 400 mg	Generic	6/6/21	Addition to Tier 2, generic for BANZEL
SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml)	Brand	5/16/21	Addition to Tier 3
SKYRIZI PEN (risankizumab-rzaa soln auto-injector 150 mg/ml)	Brand	5/16/21	Addition to Tier 3
sodium fluoride rinse 0.2%	Generic	5/16/21	Addition to Tier 2, generic for PREVIDENT RINSE
SOOLANTRA (ivermectin cream 1%)	Brand	6/17/21	Move from Tier 3 to Tier 2
TEPMETKO (tepotinib hcl tab 225 mg)	Brand	10/1/21	Addition to Tier 4
tiopronin tab 100 mg	Generic	5/24/21	Addition to Tier 2, generic for THIOLA
TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk)	Brand	6/20/21	Addition to Tier 3
UKONIQ (umbralisib tosylate tab 200 mg)	Brand	10/1/21	Addition to Tier 4
VERQUVO (vericiguat tab 2.5 mg)	Brand	9/1/21	Addition to Tier 3
VERQUVO (vericiguat tab 5 mg)	Brand	9/1/21	Addition to Tier 3
VERQUVO (vericiguat tab 10 mg)	Brand	9/1/21	Addition to Tier 3
XCOPRI (cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose))	Brand	5/9/21	Addition to Tier 4
XPOVIO (selinexor tab therapy pack 40 mg (40 mg once weekly))	Brand	4/25/21	Addition to Tier 4
XPOVIO (selinexor tab therapy pack 40 mg (40 mg twice weekly))	Brand	4/25/21	Addition to Tier 4
XPOVIO (selinexor tab therapy pack 40 mg (80 mg once weekly))	Brand	4/25/21	Addition to Tier 4
XPOVIO (selinexor tab therapy pack 60 mg (60 mg once weekly))	Brand	4/25/21	Addition to Tier 4
XPOVIO (selinexor tab therapy pack 50 mg (100 mg once weekly))	Brand	4/25/21	Addition to Tier 4
ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml)	Brand	10/1/21	Addition to Tier 3
ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml)	Brand	10/1/21	Addition to Tier 3
ZEJULA (niraparib tosylate cap 100 mg (base equivalent))	Brand	10/1/21	Move from Tier 4 to Tier 3

## Negative Changes

This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ABSORICA (isotretinoin cap 10 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 20 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 25 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 30 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 35 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ABSORICA (isotretinoin cap 40 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
ACETAMINOPHEN/CAFFEINE/DI HYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Brand	10/1/21	Removal from Tier 4, no longer covered
ADASUVE (loxapine aerosol powder breath activated 10 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
amantadine hcl tab 100 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
amlodipine besylate-valsartan tab 5-160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
amlodipine besylate-valsartan tab 10-160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
amlodipine besylate-valsartan tab 5-320 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
AZOPT (brinzolamide ophth susp 1%)	Brand	1/1/22	Removal from Tier 3, no longer covered
BANZEL (rufinamide tab 200 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
BANZEL (rufinamide tab 400 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
betamethasone valerate aerosol foam 0.12%	Generic	1/1/22	Removal from Tier 2, no longer covered
carbonyl iron susp 15 mg/1.25ml (elemental iron)	Generic	1/1/22	Move from Tier 1 to Tier 2
CEFACLOR (cefaclor cap 250 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
CEFACLOR (cefaclor cap 500 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
CEFADROXIL (cefadroxil tab 1 gm)	Brand	10/1/21	Move from Tier 2 to Tier 4
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Generic	10/1/21	Removal from Tier 2, no longer covered
clobetasol propionate lotion 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
clobetasol propionate shampoo 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
clotrimazole w/ betamethasone lotion 1-0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
cyclobenzaprine hcl tab 7.5 mg	Generic	7/1/21	Removal from Tier 2, no longer covered
CYCLOSERINE (cycloserine cap 250 mg)	Brand	10/1/21	Move from Tier 2 to Tier 4
desonide lotion 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
FALESSA (*levonorgest-eth estrad tab 0.1 mg-20 mcg & fa tab 1 mg kit*)	Brand	5/10/21	Removal from Tier 4, no longer covered
famciclovir tab 125 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr)	Brand	10/1/21	Removal from Tier 4, no longer covered
FEMRING (estradiol acetate vaginal ring 0.1 mg/24hr)	Brand	10/1/21	Removal from Tier 4, no longer covered
fenofibrate micronized cap 43 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
fluocinonide emulsified base cream 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
FLUTAMIDE (flutamide cap 125 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Brand	10/1/21	Removal from Tier 3, no longer covered
halobetasol propionate oint 0.05%	Generic	1/1/22	Removal from Tier 2, no longer covered
haloperidol lactate oral conc 2 mg/ml	Generic	1/1/22	Move from Tier 1 to Tier 2
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Generic	1/1/22	Move from Tier 1 to Tier 2
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
hydrocodone-acetaminophen tab 5-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocodone-acetaminophen tab 7.5-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocodone-acetaminophen tab 10-300 mg	Generic	1/1/22	Removal from Tier 2, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate cream 0.1%)	Brand	1/1/22	Removal from Tier 4, no longer covered
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Brand	1/1/22	Removal from Tier 4, no longer covered
hydrocortisone butyrate cream 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone butyrate oint 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone butyrate soln 0.1%	Generic	1/1/22	Removal from Tier 2, no longer covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
hydrocortisone valerate cream 0.2%	Generic	1/1/22	Removal from Tier 2, no longer covered
hydrocortisone valerate oint 0.2%	Generic	1/1/22	Removal from Tier 2, no longer covered
IVERMECTIN (ivermectin lotion 0.5%)	Brand	1/1/22	Move from Tier 2 to Tier 4
KALETRA (lopinavir-ritonavir tab 100-25 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
KALETRA (lopinavir-ritonavir tab 200-50 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
LEVULAN KERASTICK (aminolevulinic acid hcl for soln 20% (stick applicator))	Brand	1/1/22	Removal from Tier 4, no longer covered
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Brand	10/1/21	Removal from Tier 3, no longer covered
MENOPUR (menotropins for subc inj 75 unit)	Brand	1/1/22	Move from Tier 3 to Tier 4 of <i>optional Infertility component</i>
methamphetamine hcl tab 5 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
METHOXSALEN (methoxsalen rapid cap 10 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
MIACALCIN (calcitonin (salmon) inj 200 unit/ml)	Brand	1/1/22	Removal from Tier 4, no longer covered
MITIGARE (colchicine cap 0.6 mg)	Brand	1/1/22	Removal from Tier 3, no longer covered
nabumetone tab 750 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
naproxen tab ec 375 mg	Generic	10/1/21	Removal from Tier 1, no longer covered
naproxen tab ec 500 mg	Generic	10/1/21	Removal from Tier 1, no longer covered
nifedipine tab er 24hr osmotic release 60 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
nifedipine tab sr 24hr osmotic release 60 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
nitroglycerin td patch 24hr 0.2 mg/hr	Generic	1/1/22	Move from Tier 1 to Tier 2
orphenadrine citrate tab er 12hr 100 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
orphenadrine citrate tab sr 12hr 100 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
perindopril erbumine tab 2 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
perindopril erbumine tab 4 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
PREPIDIL (dinoprostone cervical gel 0.5 mg/3gm)	Brand	1/1/22	Removal from Tier 4, no longer covered
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Brand	1/1/22	Removal from Tier 4, no longer covered
primidone tab 250 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
prochlorperazine maleate tab 10 mg (base equivalent)	Generic	1/1/22	Move from Tier 1 to Tier 2
PROSTIN E2 (dinoprostone vaginal suppos 20 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
ribavirin for inhal soln 6 gm	Generic	1/1/22	Removal from Tier 2, no longer covered
SAPHRIS (asenapine maleate sl tab 2.5 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
SAPHRIS (asenapine maleate sl tab 5 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
SAPHRIS (asenapine maleate sl tab 10 mg (base equiv))	Brand	10/1/21	Removal from Tier 4, no longer covered
sotalol hcl (afib/afi) tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
sotalol hcl tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
sotalol hcl tab 240 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
SPS (sodium polystyrene sulfonate oral susp 15 gm/60ml)	Brand	10/1/21	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 15 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 20 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 30 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
STAVUDINE (stavudine cap 40 mg)	Brand	1/1/22	Move from Tier 2 to Tier 4
telmisartan tab 80 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
tetracaine hcl ophth soln 0.5%	Generic	1/1/22	Move from Tier 1 to Tier 2
THIOLA (tiopronin tab 100 mg)	Brand	1/1/22	Removal from Tier 4, no longer covered
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Generic	1/1/22	Removal from Tier 2, no longer covered
trazodone hcl tab 300 mg	Generic	10/1/21	Removal from Tier 2, no longer covered
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Brand	10/1/21	Removal from Tier 4, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg)	Brand	10/1/21	Removal from Tier 2, no longer covered

continued

<b>TRADE NAME (generic name) or generic name</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
valacyclovir hcl tab 1 gm	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan tab 160 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan tab 320 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 160-12.5 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 160-25 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 320-12.5 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
valsartan-hydrochlorothiazide tab 320-25 mg	Generic	1/1/22	Move from Tier 1 to Tier 2
VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Brand	10/1/21	Move from Tier 1 to Tier 4
ZYCLARA (imiquimod cream 3.75%)	Brand	10/1/21	Removal from Tier 3, no longer covered
ZYCLARA PUMP (imiquimod cream 3.75%)	Brand	10/1/21	Removal from Tier 3, no longer covered
ZYTIGA (abiraterone acetate tab 500 mg)	Brand	10/1/21	Removal from Tier 3, no longer covered

## New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ABECMA (idecabtagene vicleucel suspension for iv infusion)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 2 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 5 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 10 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 15 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 20 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE MAINTENANC E KIT (aripiprazole tab 30 mg with sensor & strips (for pod) maint pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 2 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 5 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 10 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 15 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 20 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ABILIFY MYCITE STARTER KI T (aripiprazole tab 30 mg with sensor, strips & pod starter pak)	Brand	4/4/21	Non-covered
ADUHELM (aducanumab-avwa iv soln 170 mg/1.7ml (100 mg/ml))	Brand	10/1/21	Non-covered
ADUHELM (aducanumab-avwa iv soln 300 mg/3ml (100 mg/ml))	Brand	10/1/21	Non-covered
AMNIOTEXT/1CMX1CM (*amniotic membrane allograft (human) sheet 1 cm x 1 cm**)	Brand	6/20/21	Non-covered
AMNIOTEXT/2CMX2CM (*amniotic membrane allograft (human) sheet 2 cm x 2 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/2CMX3CM (*amniotic membrane allograft (human) sheet 2 cm x 3 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/3CMX3CM (*amniotic membrane allograft (human) sheet 3 cm x 3 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/3CMX4CM (*amniotic membrane allograft (human) sheet 4 cm x 3 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/4CMX4CM (*amniotic membrane allograft (human) sheet 4 cm x 4 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/4CMX6CM (*amniotic membrane allograft (human) sheet 4 cm x 6 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/4CMX8CM (*amniotic membrane allograft (human) sheet 4 cm x 8 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/8CMX8CM (*amniotic membrane allograft (human) sheet 8 cm x 8 cm***)	Brand	6/20/21	Non-covered
AMNIOTEXT/10CMX10CM (*amniotic membrane allograft (human) sheet 10 cm x 10 cm***)	Brand	6/20/21	Non-covered
ARTESUNATE (artesunate for iv soln 110 mg)	Brand	4/25/21	Non-covered
BARHEMSYS (amisulpride (antiemetic) iv soln 10 mg/4ml)	Brand	3/28/21	Non-covered
bepotastine besilate ophth soln 1.5%	Generic	6/6/21	Non-covered, generic for BEPREVE
BLULINK GLUCOSE TEST STRI PS (glucose blood test strip)	Brand	5/24/21	Non-covered
BRONCHITOL (mannitol inhal cap 40 mg)	Brand	10/1/21	Non-covered
BRONCHITOL TOLERANCE TEST (mannitol inhal cap 40 mg)	Brand	10/1/21	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
CABENUVA (cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er)	Brand	10/1/21	Non-covered
CABENUVA (cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er)	Brand	10/1/21	Non-covered
CLARISCAN (gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml))	Brand	6/20/21	Non-covered
CLARISCAN (gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml))	Brand	6/20/21	Non-covered
CLARISCAN (gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml)	Brand	6/20/21	Non-covered
CLARISCAN (gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml)	Brand	6/20/21	Non-covered
CLARISCAN (gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml)	Brand	6/20/21	Non-covered
CLEMASTINE FUMARATE (clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq))	Brand	5/9/21	Non-covered
DEXTROSE (dextrose inj 40%)	Brand	5/9/21	Non-covered
dextrose 2.5% w/ sodium chloride 0.45%	Generic	5/2/21	Non-covered
dextrose 5% w/ sodium chloride 0.225%	Generic	5/2/21	Non-covered
dextrose 5% w/ sodium chloride 0.3%	Generic	5/2/21	Non-covered
DUOVISC (na hyaluron & na hyaluron-na chondroit sul op kit 0.85-0.5ml)	Brand	6/6/21	Non-covered
EASY TOUCH HEALTHPRO GLUC OSE TEST STRIPS (glucose blood test strip)	Brand	5/16/21	Non-covered
ELEPSIA XR (levetiracetam tab er 24hr 1000 mg)	Brand	10/1/21	Non-covered
ELEPSIA XR (levetiracetam tab er 24hr 1500 mg)	Brand	10/1/21	Non-covered
ESSENTRA WIPES 9X9" CLEAN ROOM SUPPLIES/PRESATURATED (isopropyl alcohol wipes 70%)	Brand	4/4/21	Non-covered
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE (fluorescein w/ benoxinate ophth soln 0.3-0.4%)	Brand	4/4/21	Non-covered
FORA TN'G ADVANCE PRO BLO OD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	4/4/21	Non-covered
GAMMACORE SAPPHIRE D (*nerve stimulator devices***)	Brand	5/24/21	Non-covered
HUMATIN (paromomycin sulfate cap 250 mg)	Brand	5/30/21	Non-covered
JEMPERLI (dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml))	Brand	5/2/21	Non-covered
KIMYRSA (oritavancin diphosphate for iv soln 1200 mg)	Brand	5/30/21	Non-covered
LABELALOL HYDROCHLORIDE/D EXTROSE (labetalol hcl-dextrose iv soln 200 mg/200ml-5%)	Brand	4/11/21	Non-covered
LABELALOL HYDROCHLORIDE/S ODIUM CHLORIDE (labetalol hcl-sodium chloride iv soln 100 mg/100ml-0.72%)	Brand	4/11/21	Non-covered
LABELALOL HYDROCHLORIDE/S ODIUM CHLORIDE (labetalol hcl-sodium chloride iv soln 200 mg/200ml-0.72%)	Brand	4/11/21	Non-covered
LABELALOL HYDROCHLORIDE/S ODIUM CHLORIDE (labetalol hcl-sodium chloride iv soln 300 mg/300ml-0.72%)	Brand	4/11/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/23"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	4/18/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/43"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	4/18/21	Non-covered
MINIMED MIO ADVANCE INFUS ION SET/43"/9MM (*insulin infusion pump supplies - infusion set***)	Brand	4/18/21	Non-covered
NEURACEQ (florbetaben f 18 iv soln 1.4-135 mci/ml (50-5000 mbq/ml))	Brand	5/24/21	Non-covered
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Generic	10/1/21	Non-covered
NUVA III (*occlusive silicone sheets***)	Brand	3/21/21	Non-covered
NUVAGEL (*occlusive silicone sheets***)	Brand	4/18/21	Non-covered
OMNIPAQUE (iohexol oral/inj soln 350 mg/ml)	Brand	6/6/21	Non-covered
OMNIPAQUE (iohexol soln 300 mg/ml)	Brand	6/6/21	Non-covered
PANCREAZE (pancrelipase (lip-prot-amyl) dr cap 37000-97300-149900 unit)	Brand	6/20/21	Non-covered
POGO AUTOMATIC TEST CARTR IDGES (glucose blood test automatic cartridge)	Brand	4/11/21	Non-covered
PONVORY (ponesimod tab 20 mg)	Brand	10/1/21	Non-covered
PONVORY 14-DAY STARTER PA CK (ponesimod tab starter pack 2,3,4,5,6,7,8,9 &10 mg)	Brand	10/1/21	Non-covered
PRECEDEX (dexmedetomidine hcl iv soln 200 mcg/2ml)	Brand	5/2/21	Non-covered
pregabalin tab er 24hr 82.5 mg	Generic	4/18/21	Non-covered, generic for LYRICA CR
pregabalin tab er 24hr 165 mg	Generic	4/18/21	Non-covered, generic for LYRICA CR
pregabalin tab er 24hr 330 mg	Generic	4/18/21	Non-covered, generic for LYRICA CR

continued

<b>TRADE NAME (generic name) or generic name</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
QELBREE (viloxazine hcl cap er 24hr 100 mg)	Brand	10/1/21	Non-covered
QELBREE (viloxazine hcl cap er 24hr 150 mg)	Brand	10/1/21	Non-covered
QELBREE (viloxazine hcl cap er 24hr 200 mg)	Brand	10/1/21	Non-covered
QUTENZA (capsaicin patch 8% & cleansing gel kit)	Brand	4/15/21	Non-covered
ROSZET (ezetimibe-rosuvastatin calcium tab 10-5 mg)	Brand	10/1/21	Non-covered
ROSZET (ezetimibe-rosuvastatin calcium tab 10-10 mg)	Brand	10/1/21	Non-covered
ROSZET (ezetimibe-rosuvastatin calcium tab 10-20 mg)	Brand	10/1/21	Non-covered
ROSZET (ezetimibe-rosuvastatin calcium tab 10-40 mg)	Brand	10/1/21	Non-covered
RYBREVANT (amivantamab-vmjw iv soln 350 mg/7ml)	Brand	5/30/21	Non-covered
SODIUM IODIDE I-123 (sodium iodide i-123 cap 3.7 mbq (100 microcurie))	Brand	4/18/21	Non-covered
SODIUM IODIDE I-123 (sodium iodide i-123 cap 7.4 mbq (200 microcurie))	Brand	4/18/21	Non-covered
SODIUM IODIDE I-131 (sodium iodide i-131 oral soln 1000 mci/ml)	Brand	6/13/21	Non-covered
TAZAROTENE (tazarotene (acne) foam 0.1%)	Brand	3/28/21	Non-covered
vancomycin hcl for iv soln 1.5 gm (base equivalent)	Generic	6/6/21	Non-covered
VESICARE LS (solifenacin succinate susp 5 mg/5ml (1 mg/ml))	Brand	10/1/21	Non-covered
WOUNDGELHA MATRIX (hyaluronate sodium gel 2.5%)	Brand	4/4/21	Non-covered
ZYNLONTA (loncastuximab tesirine-lpyl for iv soln 10 mg)	Brand	5/2/21	Non-covered
ZYNRELEF (bupivacaine-meloxicam injection er soln 200-6 mg/7ml)	Brand	5/30/21	Non-covered
ZYNRELEF (bupivacaine-meloxicam injection er soln 400-12 mg/14ml)	Brand	5/30/21	Non-covered